

Interim Guidelines for Dental Practice During the SARS-COV-2 Pandemic

Revised June 18, 2020



Updated info is outlined in gray.

This document is a guide for treating dental patients in the presence of SARS-COV-2 (commonly known as COVID -19) while maintaining the safety of our teams and our patients. These guidelines (not requirements) are based on the best science currently available and subject to change. NOTE: these recommendations simply augment universal precautions previously implemented. These guidelines are based on recommendations from the Centers for Disease Control (CDC), Occupational Safety and Health Administration (OSHA), the Organization for Safety and Asepsis and Prevention (OSAP) the VA State Health Department, the American Dental Association (ADA) and the American Dental Hygienists' Association (ADHA). Final implementation and practice systems are at the discretion of the doctor and dental team.

Our Priorities:

The following represent overarching priorities for resuming preventive, elective and non-urgent dental procedures requiring PPE:

1. **Minimize** the risk of SARS-COV-2 transmission to patients and dental healthcare professionals (DHCPs).
2. **Optimize** the oral health of Virginians.
3. **Minimize** dental emergencies presenting at emergency departments.
4. **Support** DHCP in safely resuming activities.



Perform a Hazard Assessment:

The purpose of a hazard assessment, as recommended by OSHA, is to assess and mitigate risk of SARS-COV-2 transmission to employees. We recommend performing a hazard assessment by following the steps listed in the ADA Hazard Assessment. It is also recommended to add documentation to your Office OSHA Manual based on the action items listed in the ADA's Hazard Assessment. Part of the documentation which may be added includes the interim guidelines your office has adopted when going back to work in the face of COVID-19. Consider updating this document periodically as the risk for SARS-COV-2 transmission is ever-changing and may be unique based on your location.



Screening:

The purpose of pre-screening a patient is to ascertain if (s)he poses a potential risk for SARS-COV-2 transmission. Keep in mind, all DHCP will likely come in contact with an asymptomatic COVID-19 positive patient despite screening efforts. For that reason, all DHCP personnel should be wearing masks at all times.

1. **Patient Advisory and Acknowledgment Form:** Have the patient complete the Patient Advisory and Acknowledgment at home or online and keep a copy in the dental record (may also be done verbally over phone prior to visit). **Answering yes to any question is not an indication for denial of treatment but does indicate further discussion with the doctor to weigh the risk versus benefit of elective treatment. As per the CDC, healthcare workers (including front line medical and dental health care providers) who treat COVID-19 positive patients while donned with appropriate PPE are considered low risk for transmission and should NOT be denied dental treatment unless they exhibit other signs or symptoms of the virus.**
2. **If the patient reports that they are SARS-COV-2 positive**, it would be best to delay treatment until the patient tests negative. If treatment cannot wait, then develop a plan

for treating that patient. Consider treatment in a hospital or an office with appropriate environmental controls.

3. **Restricted Office Entry:** Let patients know of office policy limiting companions on their trip to the office to only essential people in order to reduce the number of people in the office. If a companion is necessary to accompany the patient to the operatory, consider supplying that person with a mask and face shield.



Reception Area:

The purpose is to minimize patients waiting in the reception area of the office, being mindful of social distancing.

1. **Masks:** Request all patients/parents wear masks to their appointments and provide if needed/available.
2. **Check-In:** Patients should “check in” by calling (when possible) when they park at the office. They may wait in their cars and be called in to be escorted directly back to the operatory.
3. **Hand Washing:** Hand sanitizer (> 60% alcohol) should be placed at the office entrance for patients to use when entering or leaving the office. Frequent hand washing is encouraged and when possible, prop doors open to limit surface contamination.
4. **Temperatures:** It is recommended to take patients temperatures before their appointments. If temperature >100.4F OR symptoms consistent with SARS-COV-2 (e.g., cough, shortness of breath, sore throat, myalgias, malaise) they should immediately self-isolate and notify their physician and local/state public health authority.
5. **Stagger Appointments:** Staggered scheduling to minimize the number of people entering or exiting the office at a time is recommended.
6. **Remove Non-essential Items:** Remove all potential SARS-COV-2 transmission material from the reception area (magazines, coffee machines, toys, etc.).
7. **Barriers:** Dental offices should use physical barriers when possible (i.e. a plexiglass barrier) and/or ensure that appropriate PPE is worn by reception staff.
8. **Social Distancing:** Dental offices should instill social distancing measures in all areas of the office when possible (6 feet of separation).
9. **Schedule Cleaning:** Schedule times to wipe all touchable surfaces with approved cleaners (counters, chairs, doorknobs, switches, etc.). Be sure to use EPA approved disinfectants and appropriate PPE when cleaning.



Hygiene:

The purpose is to keep the risk of SARS-COV-2 transmission to a minimum while maintaining a patient's oral health.

1. **Scaling and Polishing:** Hand scaling for hygiene is preferred. Mechanical polishing with a handpiece is a splatter generating procedure. Discretion regarding polishing is left to the dental practice and patient need.
2. **Ultrasonic Scalers:** If ultrasonic scalers are used, the DHCP should wear appropriate PPE and the use of high volume suction is strongly recommended.
3. **Hygiene Exams:** Consider brief discussions after hygiene exams if needed and further conversation over the phone after patient dismissal if necessary.



Treatment:

Every effort should be made to minimize aerosols and keep number of staff in the operatory to the minimum required.

1. **Prioritize:** When reappointing patients, consider giving priority to those whose dental needs may precipitate urgent or emergent care if not addressed sooner.
2. **High Risk Patients:** Strongly consider the risks versus benefits for patients in higher-risk groups such as those over age 65, those with compromised immune systems, those with

lung or cardiac dysfunction or those who are diabetic. If treatment is necessary, consider scheduling these patients either early or late in the day when office traffic is minimal.

3. **Tooth Isolation:** Rubber dams are encouraged for all restorative procedures along with high-volume suction and standard four-handed technique.
4. **Nitrous Oxide:** Use disposable nasal hoods; tubing should be either disposable or sterilizable according to the manufacturer's recommendation.
5. **Limit Aerosols:** Minimize use of air and simultaneous use of air and water via air-water syringe.
6. **Minimize Cross Contamination:** Visibly soiled PPE should be discarded before seeing other patients. Provide training for DHCP for donning and doffing PPE to minimize cross contamination. As an example, please refer [ADHA Donning and Doffing Sequence](#) on Page 11.
7. **Prepare Your Operatories:** Flush water lines, check air lines, check inhalational anesthesia unit gas lines and suction lines. Cover keyboards and monitors, limit or eliminate paperwork in operatories.

8. **Allow Time and Provide PPE:** Appointment times may need to be lengthened. Consider time to allow aerosols to settle prior to cleaning and disinfection. Allot sufficient time (as per manufacturer's instructions) for complete surface cleaning and disinfection. DHCP should wear appropriate PPE for cleaning and disinfection. [Refer to CDC recommendations for approved disinfectants.](#)
9. **Follow-Up:** All treated patients should be informed to contact the office if they exhibit any signs or symptoms of COVID-19 and/or test positive within 48 hours after their appointments. [See Steps to Take if a Patient Tests Positive.](#)



Personal Protective Equipment (PPE):

Recommended that DHCP's wear the highest-level PPE available when delivering care that has the potential for creating aerosols.

1. **Masks:** Some treatment may potentially generate infectious aerosols containing viral particles, and masks that minimize viral transmission are recommended. Given the highly contagious SARS-COV-2 virus, either an N95 (preferred) or approved KN95 respirator or a level 3 surgical mask should be considered when available and left to the doctor's discretion based on aerosol-generating potential of the procedure performed. All masks should be coupled with either face shield or goggles (glasses with side shields) in concert with gloves, and gown/lab coat (head and foot coverings optional). For more detailed information, see the [ADA Recommendations](#).
2. **Mask Removal and Replacement:** The "infectious" portion of the mask is on the outside (presuming the wearer is SARS-COV-2 negative). Please consider this when removing masks. If mask is soiled, damaged or difficult to breathe through, it must be replaced. [Refer to Optimizing Facemask Resource from the CDC.](#)
3. **Clothing:** If available, disposable gowns should be considered, changed if soiled, and discarded after use. Lab coats should be changed if soiled and laundered after use. It is recommended that DHCP's consider changing from work attire (i.e. scrubs, including shoes) prior to leaving the office either to be laundered in the office or bagged and laundered offsite.
4. **Buyer Beware:** Avoid grey market PPE!! [Refer to Resources for PPE.](#)



Front Desk/ Auxiliary Staff Recommendations:

Every effort should be made to maintain social distancing and minimize patient contact with auxiliary staff.

1. **Payments:** When possible, arrange for payment via credit card over the phone or in the operatory to minimize the number of people in the checkout area. Receipts can be emailed/mailed.
2. **Appointments:** Follow up appointments can be made over the phone and confirmed via text or email/mail.

3. **Prevent Cross Contamination:** Disinfect all lab materials (impressions etc.).
4. **Split Workforce:** Larger offices may consider split shifts (i.e., ½ days, or alternate days) to decrease the number of people in the office at one time.
5. **Staff Screening:** Daily staff screening and temperature assessment are recommended using the Patient Advisory Form as a template for screening.
6. **Supplies:** Provide masks, hand sanitizer etc. to front desk and auxiliary staff.



Testing and Vaccines

1. 1. Rapid antigen (Ag) and antibody (Ab) testing are not widely available, and sensitivity and specificity have yet to be determined. **The VDA and ADA are both lobbying for dentists to participate in testing of patients when appropriate and accurate point-of-care (POC) testing becomes available. At this time there are no FDA approved POC tests and patients should be referred to their primary care physicians or known local testing sites to be tested for SARS-COV-2. Please refer to the [VDH algorithm for guidance on testing.](#)**
2. Efforts have been taken by the VDA to ensure dentists are part of the solution as potential personnel to vaccinate patients if an approved vaccine is made available.



Unintentional Exposures

1. **Doctor/Staff Exposed to a Known COVID-19 Positive Patient:** If a patient or patient's immediate family member is determined to be positive after being treated, follow the guidelines that ADA has recommended for [Steps to Take if a Patient Reports COVID-19 Exposure After Treatment.](#)
2. **Doctor/Staff Tests Positive:** If a doctor or staff member tests positive, contact tracing is of the utmost importance and that is why keeping track of staff's patient contact is so important. Follow the guidelines that the ADA has recommended for [What to Do if Someone on Your Staff Tests Positive for COVID-19.](#)

The ADA Council on Dental Practice has taken up these issues and plans on doing longer-term studies:

Any efforts to advertise superiority and safety without scientific evidence to support those claims is considered unethical. [Refer to ADA Ethics Article on Advertising During Pandemic Recovery.](#)

1. **Oral rinses:** Chlorhexidine gluconate (CHX) 0.12% containing mouth rinses have demonstrated efficacy in reducing viable bacteria in aerosols produced after use but the efficacy of these mouth rinses on viral bioload in aerosols is unknown. A 1-1.5% hydrogen peroxide may be effective in reducing viral loads of SARS-COV-2 the virus that causes COVID.
2. **HEPA filters:** A minimum efficiency reporting value (MERV) of 18 or higher is required (the MERV scale ranges from 1-20) if a HEPA filter is used for recirculating air. The distance between the air cleaner and droplet/aerosol particle source as well as in room air flow in relation to the air cleaner were critical determinants of its efficacy.
3. **Ultraviolet light sterilization:** Ultraviolet light (UV-C 100-280nm) is capable of cross-linking DNA and germicidal. It can be used to decontaminate infectious surfaces and hard-to-reach areas.

The VDA and VDHA are pleased to provide these guidelines as an educational benefit. Note these guidelines do not have the effect of law and are not intended to constitute legal advice. Each reader is encouraged to consult their counsel for guidance on all issues including liability.

Resources

1. [Virginia Dental Association Resources](#)
2. [ADA COVID Resources](#)
3. [ADA Return to Work Interim Guidance Toolkit](#)
4. [CDC Guidance for Providing Dental Care During COVID-19](#)
5. [Patient Advisory Form](#)
6. [EPA Approved Disinfectants](#)
7. [Masks](#)
8. [Optimizing Face Masks](#)
9. [PPE Resources](#)
10. [Unintentional Exposures](#)
11. [What to do if a Patient Tests Positive](#)
12. [What to do if a Staff Member Tests Positive](#)
13. [VDH Algorithm for Guidance on Testing](#)
14. [ADA Hazard Assessment](#)
15. [ADHA Interim Guidance on Returning to Work \(Pg. 11 Donning and Doffing Guide\)](#)
16. [OSHA Guide for Dentistry](#)
17. [CDC Risk Assessment for Healthcare Workers Exposed to Persons with COVID-19](#)
18. [ADA Ethics Article – Ethics Still Important When It Comes to Advertising During Pandemic Recovery](#)